



## DEPARTMENT OF THE NAVY

NAVAL MEDICAL EDUCATION AND TRAINING COMMAND  
8901 WISCONSIN AVENUE  
BETHESDA, MARYLAND 20889-5611

NAVMEDEDTRACOMINST 5210.1  
OS

10 JUN 2003

### NAVMEDEDTRACOM INSTRUCTION 5210.1

From: Commander

Subj: FORMS MANAGEMENT PROGRAM

Ref: a) SECNAVINST 5213.10D

Encl: 1) Forms Control Process (NMETC-OS-009)  
2) Request for New or Revised Form (OPNAV 5213/19)

1. Purpose. To promulgate the policies and procedures of reference (a) and to maintain a forms management program within Naval Medical Education and Training Command (NMETC).

2. Cancellation. NSHSBETHINST 5210.1A

3. Policy. Reference (a) establishes policy and sets forth guidelines concerning Forms Management Program.

#### 4 Objectives

a. To develop an appropriate and adequate program to support the requirements of the command initiated by higher authority.

b. To reduce cost through control, standardization, consolidation and the elimination of ineffective or duplicate forms.

c. To keep forms simple, practical and up to date

#### 5. Responsibilities

a. The Commander, NMETC shall appoint in writing a Forms Control officer for NMETC Bethesda. The Commanding Officer at outlying commands shall appoint in writing a Forms Control officer for their commands.

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(3) Review all proposed instructions or revisions prior to issuance to ensure any and all forms required are in compliance with the references and this instruction.

(4) Maintain a separate file for each form, past and present with all supporting data.

(5) Assign form numbers to all current and new forms in accordance with reference (a).

(6) Maintain a Master Listing of all NAVMEDEDTRACOM forms using the OPNAV 5213/18, Forms Register, and publish the list at least annually.

(7) All forms will be kept on the NMETC, Bethesda or outlying command website to coincide with the governing instruction, and will be accessible to all hands.


(8) Utilize enclosure (1 for management of the forms control process.

c. Each Director shall: Submit all requests for creation/revision of NAVMEDEDTRACOM forms, with supporting documentation, to the Forms Control Officer using enclosure (2), Request for a New or Revised Form. Requests for overprinting of higher echelon forms shall follow reference (a).

d. Outlying commands will ensure compliance with reference (a)

  
N. J. LESCAUGE

Distribution:  
List I & II

	Document Number <b>NMETC-0S-009</b>	Version <b>01</b>	Effective Date <b>28 October 2002</b>
	Title <b>Forms Control Process</b>		Page <b>1 of 3</b>
	Process Owner <b>Forms Control Manager</b>	Approval Authority <b>Director, Administration</b>	

## 1. Purpose & Scope

The purpose of this process is to implement policy on creating and recording the command's forms control process.

## 2. References

The following documents are either required or helpful to perform the set of tasks in the accompanying flowchart; a) NMETC-002, Quality Systems Document Control, b) NMETC-004 Corrective & Preventive Action, c) SECNAVINST 5210.11D, d) SECNAVINST 5213.10D, e) SECNAVINST 5212.5 series.

- 3. Definition:** Form-any document, including letters, post cards, and memoranda, printed or otherwise reproduced with space for filling information, descriptive material, or addresses, or any format designed to structure the arrangement of such information. Certain printed items without fill-in space, such as instruction sheets, notices, tags, labels, and posters, may be treated as forms to identify and control them for reference, printing, stocking, and distribution.

## 4. Document Review & Concurrence

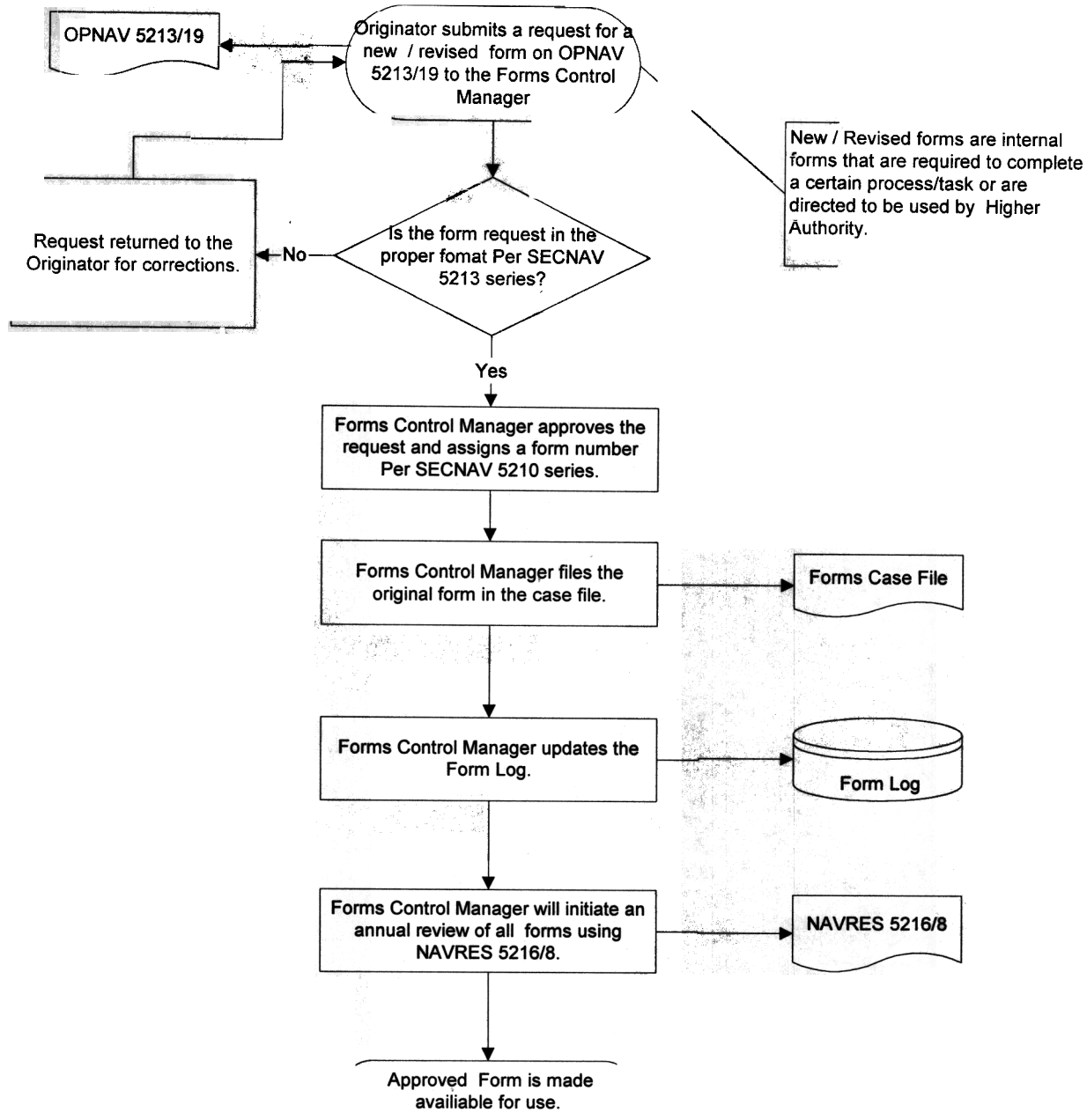
Title of Reviewer	Title of Reviewer
Forms Control Manager	Director, Administration (Approval Authority)
Admin Officer	

## 5. Summary of Changes

Version	Description	Date
01	Initial procedure	25 Oct 02

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## 6. Process Flowchart



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## 7. Quality Records

<i>Record Name</i>	<i>Owner</i>	<i>Location</i>	<i>Indexing</i>	<i>Duration</i>	<i>Disposition</i>
Forms Case File	OS11	File Cabinet	By Number	7 Years	SECNAVINST 5212.5 series

## 8. Addendum

- a. All forms must have a box, border rule on all sides. The titles of the form will be located just above the border on the top left, and all in caps. Form number, date and revision will be typed on the bottom left just below the border
- b. When a form is approved for use with an instruction or notice, the form must be approved to include within the directive.
- c. All forms must be reviewed annually. A forms annual review sheet (NAVRES 5216/8) will be prepared by the Administration Department and forwarded to the subject originator for review/action.

<b>REQUEST FOR NEW OR REVISED FORM</b>	1. DATE OF REQUEST	2. FORM NO. <i>(If revision)</i>
	3. DATE FORM REQUIRED	4. SSIC
5. TITLE OF FORM	6. REQUIRING DIRECTIVE <i>(Attach copy)</i>	
7. PURPOSE OF FORM		
8. REPORTS CONTROL SYMBOL, IF APPLICABLE	9. CANCELLED FORMS, IF ANY	
10. NUMBER OF USING ACTIVITIES	11. ANNUAL USAGE	
12. UNITS OF ISSUE: <i>(Check all that apply)</i> PACKAGE OF <input type="checkbox"/> PAD OF <input type="checkbox"/> BOX OF <input type="checkbox"/> EACH <input type="checkbox"/> OTHER <input type="checkbox"/>		
13. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE IDENTIFY SYSTEM IN REMARKS SECTION		
14. IS A PRIVACY ACT STATEMENT REQUIRED ON FORM? YES <input type="checkbox"/> NO <input type="checkbox"/> (FORMS REQUESTING SOCIAL SECURITY NUMBERS MUST HAVE A PRIVACY ACT STATEMENT.) IF YES, HAS THE COMMAND'S PRIVACY ACT MANAGER APPROVED THE PRIVACY ACT STATEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, OBTAIN APPROVAL		
15. HAS THE FORMS BLOCK HEADING BEEN APPROVED BY THE COMMAND'S DATA ELEMENTS MANAGER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, OBTAIN APPROVAL		
16. IF THE FORM CONTAINS A MAILING ADDRESS HAS THE ADDRESS BEEN APPROVED BY THE COMMANDS' MAIL MANAGER? IF NO, OBTAIN APPROVAL YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		
17. REMARKS		